

LITTLE RIVER BAND OF OTTAWA INDIANS RESIDENCY FORM RESIDENT TRIBAL MEMEBER

Attention Tribal Members:

To verify that you live within the Tax Agreement Area, please complete this form and return it to the Tax Office.

Part 1. Resident Tribal Member or Tribal Entity			
Name:			
Address:			
Street	P.O. Bo	x Telephone	
City	State	Zip Code	
Tribal ID Number:			
Social Security Number (Resident Tribal Member) - or- Fed	leral Employer ID No. or TR No.	of ME No. (Tribal Entity)	
I certify that I live within the Agreement Area as defined in t Indians and choose to register as a Resident Tribal Membe understand that falsifying information may revoke all tax be	er for Tax Agreement purposes.	I certify that I reside at the al	bove address and I
Signature of Resident Tribal Member		Date	
Name of person filling out application		Date	
Relationship to applicant		Telephone	
Copy of the legal guardianship for the minor or legally in	ncompetent person attached?	Yes N	lo
Notify the Enrollment office	within 10 days if your ad	dress changes.	
Return to: Little River Band of Ottawa Indians Tax Department 375 River Street Manistee, MI 49660 Ph: 231-723-8288, Ext. 6874 Fax: 231-398-6863 E-mail: bczarnecki@lrboi.com			
For Tax Department Use Only:			
Residency status verified by Tax Office	Date	Ver	rified by: